

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL SECRET
OFFICIAL ROUTING SLIP	
TO	NAME AND ADDRESS DATE INITIALS
1	D/OPS/OSA
2	
3	
4	
5	
6	
ACTION	DIRECT REPLY PREPARE REPLY
APPROVAL	DISPATCH RECOMMENDATION
COMMENT	FILE RETURN
CONCURRENCE	INFORMATION SIGNATURE
Remarks: 25X1A	
<p>Attached hereto is a copy of [REDACTED] and [REDACTED] 69 forwarded in accordance with [REDACTED] oral request. It is requested that you review the attached in order to determine whether we have requirements which would serve to utilize the excess Depot capacity referred to by [REDACTED]. This has been coordinated informally with D/M who has indicated no known requirements. Upon your reply, I will prepare a memorandum to the Compt/DDS&T for response to [REDACTED]</p>	
FOLD HERE TO RETURN TO SENDER	
FROM: NAME, ADDRESS AND PHONE NO.	DATE
C/BFD/OSA	
UNCLASSIFIED	CONFIDENTIAL SECRET

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